**SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR) – JWICS Account**

**Complete this form in its entirety and submit electronically to** [**SECInformationSecurity@usaid.gov**](mailto:SECInformationSecurity@usaid.gov)

**The Privacy Act Statement is found at the end of this form.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part I** (to be completed by the Requestor) | | | | | | | | | |
| Initial  Modify | | | | | | | | | |
| 1. Legal Name (Last, First, MI) | 1. SSN | | | | 1. Office Symbol | | | | |
| 1. Phone Number | 1. USAID E-mail Address | | | | 1. Job Title | | | | |
| 1. Employment Category   Direct Hire  Other Federal Agency:  PSC  Other:  Institutional Contractor (if checked, you must fill out the following information)  Contract Company:  Contract Number: Contract Expiration Date: | | | | | | | | | |
| **Part II** (to be completed by AMS & Supervisor) | | | | | | | | | |
| 1. Justification for Access | | | | | | | | | |
| 1. AMS Officer Name | 1. AMS Officer E-mail Address | | | | 1. AMS Officer Phone Number | | | | |
| 1. AMS Officer Signature | | | | | | | 1. AMS Officer Date | | |
| 1. Supervisor Name | | | | 1. Supervisor E-mail Address | | | | | |
| 1. Supervisor Signature | | | | | | | | 1. Supervisor Date | |
| **Part III** (to be completed by the Office of Security) | | | | | | | | | |
| 1. Cleared at the SCI level in S.C.?   ☐ Yes ☐ No | | 1. Collateral Investigation Date | | | | 1. SCI Validation Date | | | |
| 1. Verified by (Last, First, MI) | | | | | | | | | |
| 1. Verifier Signature & Date | | | | | | | | | |
| **Part IV** (to be completed by the Office of Security, CTIS Division Chief) | | | | | | | | | |
| 1. Request   Approved  Denied | | | | | | | | | |
| 1. SEC/CTIS Division Chief (Last, First, MI) | | | | | | | | | |
| 1. SEC/CTIS Division Chief Signature & Date | | | | | | | | | |
| **Part V** (to be completed by the Office of Security) | | | | | | | | | |
| 1. Submitted to SSO Portal By (Last, First, MI) | | | 1. Date Request Submitted to SSO Portal | | | | | | |
| 1. Issuance Date of JWICS Account | | | 1. Set Up/Log In Date | | | | | | 1. IIS Initials |

**Privacy Act Statement**

**Authorities:** E.O 10450 Security Requirements for Government Employment, as amended; E.O. 13526 Classified National Security Information; E.O. 9397 Numbering System for Federal Accounts Relating to Individual Persons, as amended, for the Social Security Number (SSN).

**Purpose:** This form collects your personal information to determine whether you are eligible for access to classified information in a JWICS account.Your SSN will be used to identify you precisely when it is necessary to certify that you have access to the classified information or to determine that your access to the classified information had been terminated.

**Routine Uses:** The personal information is used to determine your eligibility for access to classified information through a JWICS account. This information will be shared outside USAID pursuant to the routine uses in the Privacy Act and USAID–008 Personnel Security and Suitability Investigations Records 78 FR 25414, May 1, 2013.

**Effects of Disclosure on the Individual:** Furnishing your SSN, as well as other personal information, is voluntary; however, failure to do so may delay or prevent you from being granted access to classified information.

**System of Record Notice(s)**: USAID-008 Personnel Security and Suitability Investigations Records 78 FR 25414, May 1, 2013.